



Robert D. Heath Funeral Home, Inc.

William J. Heath, Supervisor • J. Matthew Heath, Director

61 East Shirley Street
MOUNT UNION, PA 17066
814-542-4581

May 12, 2015

RECEIVED
U.S. BANKRUPTCY COURT
HARRISBURG, PA
2015 MAY 15 AM 11:15
CLERK'S OFFICE

U.S. Bankruptcy Court
Ronald Reagan Federal Building
P.O. Box 908
Harrisburg, PA 17108

RE: Bankruptcy of Roger L. Hinkle
Case Number: 1:15-bk-00804-RNO
Social Security Number: [REDACTED] 3832

Dear U.S. Bankruptcy Court:

The Robert D. Heath Funeral Home, Inc., 61 East Shirley Street, Mount Union, PA 17066, received notification that it was a listed creditor to a filed bankruptcy by Roger Hinkle. As co-owner of the Robert D. Heath Funeral Home, Inc., and as the person who dealt with Roger Hinkle, I would like to object to his request for a discharge of this debt and want to make a formal complaint or motion to this effect.

Roger Hinkle chose our funeral home to handle funeral services for his wife, Tiffani (McKim) Hinkle, who died in an auto accident on November 10, 2014. The funeral home performed services and provided merchandise selected by Roger Hinkle. The total amount of the funeral services were: \$11,235.00; and we received two donations, leaving a balance of: \$10,925.00. No payment was received from Roger Hinkle. He signed a contract at the time of funeral arrangements, obligating himself to pay the total funeral expenses no later than January 15, 2015. The bankruptcy notice was filed/entered on March 16, 2015, well after his obligation was due.

At the time of arrangements, I personally called ULTA, the firm where his wife was employed to check on Roger's claim that his wife had life insurance to cover the funeral expenses. I was informed by ULTA that there was coverage and Roger said the amount was for twenty thousand dollars. My argument for a denial of discharge of this particular debt is my understanding that there was adequate funds available through life insurance proceeds to pay for the funeral expenses and should have been payed well in advance of his filing for bankruptcy, as the dates indicate. In my way of thinking, this particular debt should have been payed with the insurance proceeds and nullifies our inclusion as a creditor in this filing. I had subsequent conversations with Roger concerning the status of the insurance and was assured by Roger that it was only a matter of time before it was payed. Later, he claimed there was an issue with the beneficiary. I must also conclude that he may have misrepresented himself, never divulging to me that he had serious financial problems.



Robert D. Heath Funeral Home, Inc.

William L. Heath, Supervisor • J. Matthew Heath, Director

61 East Shirley Street
MOUNT UNION, PA 17066
814-542-4581

It is not practical for us to use an attorney with the amount the funeral home already has invested in this account and not knowing if the results would prove fruitful. So I ask for your indulgence in this matter. If there are other documents I need to present or if there is a fee involved, please contact me.

The attorney representing the debtor is: Richard L. Bushman, P.O. Box 51, 16767 Path Valley Road, Spring Run, PA 17262-0051 (Phone: 717-349-7657).

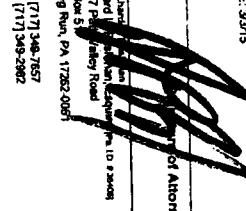
Thank-you for your time and consideration.

Sincerely,

John Matthew Heath, Co-owner
Robert D. Heath Funeral Home, Inc.

**UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF PENNSYLVANIA**

<p>Name of Debtor (if individual, enter Last, First, Middle): Hinkie, Roger L.</p> <p>All Other Names used by the Debtor in the last 9 years: None</p> <p>Debtor's marital status, and their names: None</p> <p>Last four digits of Soc. Sec./Comparable EIN or other Tax ID No. (if more than one, list all): XXXX-XX-3832</p> <p>Street Address of Debtor (No. & Street, City, State, & Zip Code): 2119 Fort Loudon Rd. Mercersburg, PA 17238</p> <p>County of Residence or of the Principal Place of Business: None</p> <p>Mailing Address of Debtor (if different from street address): None</p>	<p>Name of Joint Debtor (Spouse)(Last, First, Middle):</p> <p>All Other Names used by the Joint Debtor in the last 9 years: None</p> <p>Debtor's marital status, and their names: None</p> <p>Last four digits of Soc. Sec./Comparable EIN or other Tax ID No. (if more than one, list all): None</p> <p>Street Address of Joint Debtor (No. & St., City, State & Zip Code): None</p> <p>County of Residence or of the Principal Place of Business: None</p> <p>Mailing Address of Joint Debtor (if different from street address): None</p>
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B1 (Official Form 11-4613) Voluntary Petition - AMENDED This page may be completed and used in my case.		Page 3
<p>Signature of Debtor (Individual)</p> <p>I declare under penalty of perjury that the information provided in the petition is true and correct. If the petitioner is an individual whose debts are primarily consumer debts, and has chosen to file under chapter 7, I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.</p> <p>If no attorney represents me and no bankruptcy petition preparer signs the petition, I have obtained the relief the notice required by 11 U.S.C. § 342(b) of the Bankruptcy Code.</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X _____ Roger L. Hodge, Debtor</p>		<p>Name of Debtor: 11-00804-RNO Roger L. Hodge</p> <p>Signatures</p>
<p>Signature of A Foreign Representative</p> <p>I declare under penalty of perjury that the information provided in the petition is true and correct, that I am the foreign representative of a debtor in a foreign main proceeding, and that I am authorized to file this petition. A certified copy of the order granting recognition is attached.</p> <p>(Check only one box)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1513 are attached.</p> <p><input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief as a consequence of the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p>		(Printed Name of Foreign Representative)
<p>Telephone Number (if not represented by attorney)</p> <p>DATE: 3/23/15</p> <p></p> <p>Signature of Attorney*</p> <p>ROGER L. HODGE ROBERTSON & ROBERTSON 1000 Spring Garden Street P.O. Box 5 Spring Garden, PA 17282-0005 TEL: (717) 349-7857 FAX: (717) 349-2857</p> <p>DATE: 3/20/2015</p> <p>This date is when I first met with the debtor and when the information in the petition was received.</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in the petition.</p> <p>Signature of Preparer (Corporation/Partnership)</p> <p>This date is when I first met with the debtor and when the information in the petition was received.</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in the petition.</p> <p>Signature of Authorized Individual</p> <p>Printed Name of Authorized Individual</p> <p>Title of Authorized Individual</p> <p>Date</p> <p>Signature of Bankruptcy Petition Preparer or Officer/Principal</p> <p>Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:</p> <p>If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for such petition.</p> <p>A bankruptcy petition preparer's failure to comply with the provisions of the 11 and the Federal Rules of Bankruptcy Procedure or the rules of the court of jurisdiction of such 11 U.S.C. § 1102 to 11 U.S.C. § 1142.</p>		(Printed Name and Title of Bankruptcy Petition Preparer or Officer/Principal)

Robert D. Heath Funeral Home, Inc.

61 East Shirley Street
Mount Union, Pennsylvania 17238
(814) 842-4881
William J. Heath, Supervisor
J. Matthew Heath, Director

DECEASED Tiffany Hinkle
DATE OF DEATH November 10, 2014
PLACE OF DEATH Altoona, Pa.
DATE OF STATEMENT November 11, 2014

A. CHARGE FOR SERVICES SELECTED

1. Professional Services:

Basic Services of Funeral Director & Staff	<u>incl.</u>
Embalming	<u>incl.</u>
Other preparation of body	<u>incl.</u>

2. Facilities, Equipment & Staff:

Use of Facilities & Staff for Viewing / Visitation	<u>incl.</u>
Use of Facilities & Staff for Funeral Ceremony	<u>incl.</u>
Use of Facilities & Staff for Memorial Service	<u>incl.</u>
Use of Equipment & Staff for Graveside Service	<u>incl.</u>
Use of Equipment & Staff for Church Service	<u>incl.</u>

3. Transportation:

Transfer of Remains to Funeral Home	<u>incl.</u>
Hearse	<u>incl.</u>
Limousine	<u> </u>
Sedan	<u> </u>
Service / Utility Vehicle	<u>incl.</u>

4. Other Services / Facilities / Equipment:

TOTAL OF SERVICES SELECTED \$ 4210.00

B. CHARGE FOR MERCHANDISE SELECTED

Casket (or other receptacle)	<u>Batesville Casket Co. 4010-18</u>
Name/No.	<u>Pearl, 18 Ga. Steel</u>
Material	<u> </u>
Color	<u> </u>
Outer Burial Container	<u>Ray Vault Co. 1090.00</u>
Name/No.	<u>Concrete Vault</u>
Material	<u> </u>
Acknowledgement Cards	<u> </u>
Register Book	<u> </u>
Memory Folders / Prayer Cards	<u> </u>
Clothing	<u> </u>
Cremation Urn	<u> </u>

TOTAL OF MERCHANDISE SELECTED \$ 5100.00

C. SPECIAL CHARGES

Forwarding remains to Receiving remains from:

Immediate Burial	<u>180.00</u>
Direct Cremation	<u>180.00</u>
Other	<u>180.00</u>

TOTAL OF SPECIAL CHARGES \$ 180.00

TOTAL FUNERAL HOME CHARGES \$ 9490.00
(This total does not include Cash Advances)

**STATEMENT OF
FURNISHED GOODS AND SERVICES SELECTED**

Charges are only for those items that you selected or that are required. If we are required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing below.

If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming if you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charged for embalming, we will explain why below.

CASH ADVANCES

Certified Copies of Death Certificate
10 @ \$ 6.00 each / \$ 60.00

Clergy

Musician

Paid Newspaper Notice

Cemetery	<u>Haven Rest - 2 Spaces</u>	<u>770.00</u>
	<u>Haven Rest - Grave</u>	<u>425.00</u>
Other Flowers	<u>- Top Spray</u>	<u>400.00</u>

TOTAL CASH ADVANCES \$ 1695.00

We charge you for our services in obtaining: (specify cash advance items)
N/A

SUMMARY

Total Funeral Home Charges	\$ <u>9490.00</u>
Local Sales Tax (if applicable)	\$ <u> </u>
State Sales Tax (if applicable)	\$ <u> </u>
Total Cash Advances	\$ <u>1695.00</u>

GRAND TOTAL \$ 77,185.00

Less Credits and Payments

Total Credits

BALANCE DUE \$ 11,185.00

Billing To Roger Hinkle
Monroeville, Pa.

DISCLOSURES

Reason for embalming Permission granted by family.

If any law, cemetery or crematory requirements have required the purchase of any items listed, the law or requirement is explained below.

Outside Receptacle - Cemetery

ACKNOWLEDGEMENT AND AGREEMENT

I hereby acknowledge that I have the legal right to arrange the final services for the deceased, and I authorize this funeral establishment to perform services, furnish goods, and incur outside charges specified on this Statement. I acknowledge that I have received the General Price List and the Casket Price List and the Outer Burial Container Price List.

Terms of Payment Final payment in 60 days.

Full payment is due no later than January 15, 2015.

If any payment is not paid when due, an unanticipated LATE CHARGE of 5 % per month (ANNUAL PERCENTAGE RATE 6 %) on the unpaid balance will be due. I agree to pay the Balance Due listed on this Statement, plus any Late Charge. In the event I default in payment to this funeral establishment, I agree to pay reasonable attorney's fees and court costs in addition to any Late Charge applicable. I understand and agree that I am assuming personal liability for the charges set forth in this Statement and that this is in addition to the liability imposed by law upon the estate of the deceased. By my signature below, I hereby agree to all of the above and acknowledge receipt of a copy of this Statement.


11/11/14
Dated

Signed
Social Security Number

 Signed
ACCEPTANCE: This funeral establishment agrees to provide all services, merchandise and cash advances indicated on this Statement.
